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CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

THE "CRY" OF A CHILD

By E. STANLEY RYERSON, M.D.

THE nurse should make it one of her chief objects to know and understand her patient. The doctor attends to the case medically when he makes his rounds, but it is the nurse who ministers to the small comforts and who solves the small difficulties which incessantly crop up in the life of the sufferer. Can she do this if the patient be a foreigner, unable to make clear his wishes? She can, by a short study of some of the elementary words of that foreign language. Similarly, if the sufferer be a baby, this may be done by a little thoughtful consideration of the language of the infant.

The first indication of life in the new-born babe is the cry. For many succeeding months this is the sole method of expressing the sensations. Hunger, fear, pain, and discomfort will be displayed through this one channel. Even when old enough to talk a little, a child will still accompany its demands with a fit of crying, thus hoping to excite more sympathy, or at least more attention (should it be a fit of temper), than would otherwise be given.

As might be expected, the cry, expressing, as it does, so many different forms of the troubles of childhood, varies much in its nature; and it is in the observation of these differences, with the proper treatment of the trouble, that a careful nurse can do the greatest amount of good to her little charge.

Naturally, from babyhood until the age of eleven or twelve is reached, the vitality of the child may be estimated by the vigor of its cry. Also, as one knows, weakly and delicate children will cry on the slightest provocation, and frequently from no apparent cause. The form of the cry in older children indicates to a great extent the strength of the child and often the seat of the disease.

As the lachrymal gland is not developed before the third month of life, there is no flow of tears up to that time.

Crying results in a congestion of the vessels of the brain, which

condition may irritate the nervous centres to such an extent as to cause a convulsion.

The following table sets forth in pictorial form some of the principal facts about the alterations of the cry:

CAUSE	CHARACTER OF CRY	TREATMENT
I. Hunger.	Worrying, fretful cry, with vigorous sucking of fingers.	Feeding the child.
II. Indigestion.	As in hunger, except that, after being fed, crying begins again in a short time worse than ever.	Dieting child, being careful not to mistake for No. I., and thus increase the cause.
III. Pain.		
(a) Discomfort.	Ordinary every-day cry.	Removal of cause, as cold feet, wet diapers, etc.
(b) Sub-acute.	Moaning cry	Treating cause as chronic indigestion.
(c) Acute.	Sharp, violent paroxysms of screaming. The movements and position of the child indicate the seat of the pain; <i>e.g.</i> , hand to head in ear-ache, or child "doubling up" from pain in abdomen. Cry ceases when child is tired out, but returns with equal severity after a short rest.	Treating cause as colic, earache.
IV. Temper. Not present until after fifth month.	Loud, violent, and prolonged crying, during which the child stiffens its body, throws back its head, and kicks legs vigorously. He throws everything he lays his hands on in all directions.	Scolding, punishing, or secluding the child for a time, according to its age.
V. Habit, as of wanting to be carried or rocked or to have a light, etc., which it is better for child to do without.	Ordinary cry, at times merging into No. IV. Granting of the desire invariably stops the crying.	Letting it "cry it out" several times, rather than by allowing it to have its own way. No child is harder to manage than a petted one.

Diseases with characteristic cries are:

Pneumonia.—Short, labored, and smothered, being more of a groan, during which the child winces.

Croup.—Hoarse and muffled, with peculiar ringing, brassy inspiration.

Diseases of the Stomach.—Prolonged, acute crying.

Colic.—Violent and paroxysmal, with thighs flexed on abdomen and arms hugging the body firmly.

Marasmus.—Constant feeble whine.

Chronic Bone or Joint Disease.—Sudden, sharp cry at night, and usually just when they drop off to sleep.

Acute Cerebral Diseases, as Tuberculous Meningitis.—Single shrill, piercing cry (hydrocephalic cry) at distant intervals and at night.

THE Board of Managers of the Lakeside Hospital, Cleveland, Ohio, have recently made arrangements by which the patients in the Children's Ward may have the privilege of kindergarten instruction.

Some of the kindergarten teachers of the city have volunteered their services and devote three afternoons a week to instructing and entertaining the children. Two out of the three afternoons are devoted to the manufacture of all kinds of kindergarten work. On the third day the time is devoted to music, the children being taught songs and hymns.

A very handsome piano has recently been donated to the ward, and on these afternoons the sun-room presents a gay appearance.

It has been found that the effect of the teaching on the children is excellent. They show much interest in the work and look forward with pleasure to the lessons.

COST OF GOOD MILK.—In attempting to get good milk—that is, safe milk—for children, my attention was first called to the farmers, and I at once made up my mind that the cry of cheap food for the people was one which should be strenuously put down by the health officer, by the physician, and through them by the intelligent public. The cry of cheap food and cheap milk is a dangerous one, and one which, of course, is heard all over the civilized world, but, as is true of everything which has to be produced in the world, you cannot get what is good cheaply, and you cannot produce and deliver milk for four or five cents a quart in the best way. It must cost more, and the people must learn that it must.—DR. T. M. ROTCH, *Boston Medical and Surgical Journal*.

BABY TALK.—We ask mothers, and shall ask them often again, to talk plain English to their babies.

Be affectionate, make your voices soft and loving, use the shortest, simplest words, but do not use baby lingo, forcing the baby brain to absorb expressions which must so soon be unlearned, and keeping the little mind in a state of confusion, hearing one language addressed to itself and another spoken around it.—*New York Journal*.